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December 1983
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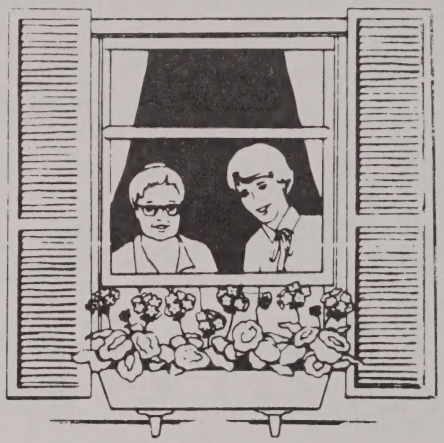

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Hampden District Medical Society

2nd Meeting of 1983-1984

PLACE:	Marriott Hotel Springfield
DATE:	Tuesday, January 31, 1984
BUSINESS MEETING:	6:00 P.M
SOCIAL HOUR:	7:00 P.M.
DINNER:	7:30 P.M.
SPEAKER:	Joseph F. Boyle, M.D. President Elect, American Medical Association
TITLE:	"News and Views from the AMA: An Update"
Note:	If you must cancel your dinner reservations please call the office before noon on January 31st. If the cancellation is not made you will be billed for your dinner. Auxiliary Invited Legislators Invited

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- -

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DECEMBER 1983
JANUARY 1984

VOL. XXXXI NO. 10

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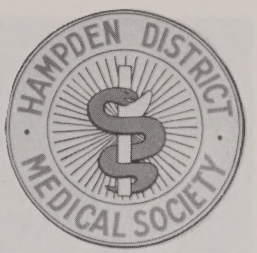

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THE HAMPDEN HIPPOCRAT IS PUBLISHED MONTHLY EXCEPT FOR JULY AND AUGUST.

THE OPINIONS EXPRESSED IN THIS BULLETIN ARE THOSE OF THE WRITERS AND DO NOT REFLECT THE OFFICIAL VIEWPOINT OF THE HAMPDEN DISTRICT MEDICAL SOCIETY UNLESS SO STATED.

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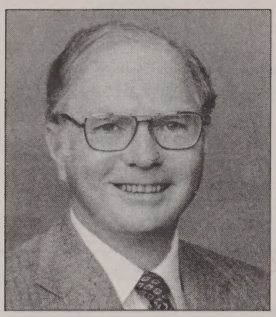

Terry D. Ryan, M.D.
President

PRESIDENT'S PAGE

"God Bless Us Everyone"

Happy Chanukah and Merry Christmas to one and all! Thanksgiving is behind us and we are in the midst of the more holy days with the bright hopes of the new year just ahead. Such a season is certainly an appropriate time to devote an issue to the Medical Religious Committee. Under the careful guidance of Jim Fitzpatrick, this potentially powerful resource has been nurtured and is springing to life. We cannot be reminded too often that man is more than a well organized mass of cells awaiting disorganization by disease, trauma, and aging.

The quality of life, the manipulation of genes, the abortions, the baby Jane Does have been painful issues to confront and thus we close the door on the closet in which we hide them. But, to keep our sanity and our self respect we must on occasion open the door and take a peek. There is a hope that this committee may be developing lecture series or the like to air the moral-ethical aspects of such issues and/or to discuss the spiritual aspects of healing. With luck, more concrete news will follow.

Before we enter the new year it is appropriate to look back at what has transpired the last six months. The ill-fated fluoride campaign and the culmination of Vivian's career as HDMS exec have held the spotlight. The fluoride campaign was in part supported financially by contributions from local physicians and by a $5,000 grant from MMS and these are gratefully acknowledged. It is my perception that fluoridation was defeated not because of a lack of information or education, but because the voter voted with a "what's in it for me" attitude rather than voting for the good of the community.

Vivian's party was more than hoped for. A special thanks to Phil Stoddard and all who contributed and attended.

Meanwhile our membership has remained stable and participation at the meetings has been encouraging. The Medicaid problem remains a muddle and probably will remain so unless a national program is developed.

The Medicine Business Coalition held two symposia this fall. The first, on workmen's compensation, was well attended and the HDMS was well represented on both sides of the rostrum. It concluded with a general agreement among physicians, insurance representatives, employers, and lawyers that the present law is antiquated and unfair

to all concerned, and need to be totally rewritten. The bill that HDMS supported, to separate workmen's comp fees from Medicaid fees, is constantly defeated or buried on Beacon Hill by the lobbies of industry and insurance. Success in the future probably lies in aligning ourselves with industry and insurance to totally rewrite a new workmen's compensation law that would address the grievances of all. MMS has been working in that direction.

The second syposium on "Wellness" was less well represented by HDMS — mea culpa! Obviously, this is a less concrete subject and more difficult to get a firm grasp of. This program began with an entertaining and flamboyant presentation by Dr. Castelli of the Framingham Heart Study and proceeded with a mixture of programs on the packaging of insurance plans, alcohol and drug rehabilitation, health screening programs at work, and fitness programs. The practicality of such programs, particularly in an area like this where there are many small businesses remains to be seen. However, when looking upon historically the mere fact that business and industry are voicing concerns about employee wellness is encouraging

There have been a variety of messages from our Contributing Editors ranging from indemnity reimbursement, to rewarding physician efficiency, to stronger stands on socio-economic issues, and a plea for supporting hospital building campaigns. The responses to these have been nil, yet the active exchange of ideas is necessary to a health organization. We will keep plugging away.

Currently, the reorganization of the Hippocrat is occupying most of our time, but I suspect that the Medicaid problem will be needing more attention shortly. Is nothing ever solved?

Happy Chanukak and a Merry Christmas! □

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Medicine and Religion

The Medico-Religious Committee of our HDMS has begun a series of meetings and physicians and clergy of the various faiths. No one, I am sure has a clear understanding of what direction our committee shall go. That is not what is important. What is important is our mutual, sincere conviction that the spiritual part of our lives is important to us. We also have a deep appreciation that the spiritual part of our patient's lives is crucial to their emotional and physical well being.

Our society is made up of physicians of varied faiths. We are interested in how the different faiths may contribute to a better understanding of the multiple medical, ethical problems facing us. We are interested in how those of us in specific faiths may work with our respective clergy to bring the healing power of God to our offices and to our patients.

In this December issue of the Hippocrat we have asked a number of clergy to contribute their thoughts. We thank them for this.

Our committee welcomes anyone who is interested to join us in our search for bringing spirituality into the healing profession. □

JAMES G. FITZPATRICK, M.D.
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Medico-Religious Committee

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Wholeness

Restoring persons to wholeness.

This seems to be a foundational principle upon which the whole of the ministering services of society is based. As Societal Scientists, Educators, Medical Scientists, Psychologists, or Religious Practitioners we are working toward the wholeness of persons. In a sense this makes all the ministry to persons spiritual, for the desire for wholeness is fundamental to faith.

The Bible provides a solid function and wealth of insight for approaching the person who is ill, for preventing illness, and for creating the kind of balance, enriched life which is the essence of wellness.

The very cornerstone of caring for ourselves and each other is an awareness of our worth, our importance as individuals. The Scriptures declare our significance as individuals created and loved by a sovereign God. There is ultimately no more secure basis for self-esteem, which is at the basis of good health, than a working knowledge of this personal recognition by our Creator. James Dobson has warned of the consequences of the contemporary "epidemic of inferiority", in his book *Hide or Seek*.

> "Whenever the keys to self-esteem are seemingly out of reach for a large percentage of the people, as in twentieth-century America, then widespread, "mental illness," neuroticism, hatred, alcoholism, drug abuse, violence, and social disorder will certainly occur. Personal worth is not something human beings are free to take or leave."

To know who we are, before our God, is fundamental to good Health. The Bible contains valuable encouragement and advice for the sick and well alike.

For those who are ill, there are words of comfort; affliction will ultimately end, and while present it can be an occasion both for learning compassion and gaining inner strength.

For those who seek to prevent illness, there are numerous guides for temperate behavior. Indeed, the point could be made, that if the human race would begin tomorrow to abide by biblical standards, we would see a revolution in health. Physical deterioration, violence, and accidents which result from alcohol would end. Self destruction from illicit drug use would cease. The epidemic of sexually transmitted disease would come to an end. The incalculable physical and social effects of anxiety, hatred, loneliness and disrupted relationships would disappear.

For those who desire wellness, Scripture offers even more than prevention of the physical and mental illness caused by violating God's standards of behavior, it offers positive directions for living, which leads to wholeness.

The Medical and Religious disciplines interface at just this point of wholeness, as we work together to bring this quality of life to society. □

REVEREND ROBERT B. LANTZ

Religious Medicine/ Medical Religion: Reflection on an Interdiscipline

While working toward the completion of my thesis for the Master's Degree ("Birth Regulation: The Medical Considerations of the Moral Decision", University of Louvain, Belgium, 1980), I enlisted the assistance of three friends from the Faculty of Medicine. While certainly willing to help, they were intrigued by the fact that anyone working in the area of religion would be interested in, let alone need, to know anything about medicine. One of the unexpected results of my work was to discover that very often there is not a real appreciation for the need and benefits of an interdisciplinary approach to moral issues. Particularly in the areas of medical care, where technology is rapidly advancing new possibilities, and religion, which is sometimes spiritualized beyond practical existence, there is a need for dialogue to ensure that these disciplines are always in service to people, and not the other way around. In the brief reflection that follows, I will attempt to outline the basic relationship between religion and medicine in the hope of offering some basics for such a dialogue.

If all the human activity were to be grouped into one category of behavior it would be 'communication'. All human activity communicates a message through language of words, signs and gestures. That message may be intentional, but is always real. We speak of ourselves, our attitudes, our values, our relationships, our conception of others, the world and God in, through and by our behavior.

We are able to communicate only because our language is ordered. As a society we define our terms so that we can understand each other. Whether it would be a simple shaking of the head, the intimate act of sexual intercourse or a decision to go or avoid a certain event, we say things to and with each other because our actions are packed with meaning.

Before there can be true communication, the act must be interpreted; the meaning must be understood. This interpretation cannot be an individualistic enterprise. If everyone decided to give whatever understanding they chose to any action, there would be chaos just as if everyone decided to rewrite the English language. Behavior needs to be interpreted in the light of some objective values that are free from individual and professional prejudices. Religion, through its scriptures, sacred writings and tradition, seeks to articulate those values for society.

Over the years, religion has constantly sought to better articulate those values. For example, in the beginning of this century the Roman

Catholic Church expressed these values in physical terms. In medicine therefore, the physical nature and structure of a patient's systems or organs needed to be protected to safeguard that patient's dignity. Pope Pius XII's statements disallowing organ transplants from a living donor according to the physicalist Vatican Council II and greater dialogue with other Christian Churches, religious values have been articulated in a more personalist language, seeing the dignity of the person as a whole, rather than in the integrity of that person's bodily systems. In the Roman Church, physicalist restrictions are transcended, and living donor transplants are recognized as an appropriate expression of personal, self-giving love.

The need for this kind of objectivity is obvious. Questions concerning who will or will not, should or need not receive treatment, what constitutes alternative therapy and non-therapy, when to institute curative or palliative care, and so many others need to be answered. But how we answer them, what we do and do not do, will speak of our values, our relationships, our perceptions and outlooks. It is the role of religion to seek to articulate objective values we ought to pursue, of which we ought to speak by our actions. It is the role of medicine to care in such a way that these values are promoted, preserved and proclaimed.

An interdisciplinary attitude is necessary. Without medical practice religious values are empty words: without religion, medicine risks turning in on itself, losing sight of its primary call to serve. Working together, religion and medicine can better understand what we are doing and what we are saying about ourselves. With this knowledge we will be better able to begin to address the many questions that arise in the lives of those for whom we care. □

REVEREND JOHN TUOHEY

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On Visiting the Sick

Inspire me with love for my art and for thy creatures. In the sufferer let me see only the human being.

From the Physician's Oath of Maimonides

When one is exposed to a religious tradition, one might expect insight into its ceremonial tradition. This might especially be so at the time when holidays abound. However, since each religious tradition also has an ethical contribution to society, it might be interesting to look at that aspect of our religious lives at this time. Since I am Jewish, let me share that ethical tradition. Hearing that a religion tries to share its ethical stance, we might expect it to be judgmental. The Jewish tradition might have that aspect. But, generally speaking it tries to clarify alternatives for someone trying to make an ethical decision and it tries to give support in making a choice.

A change in scale often results in a difference in kind. Consider for example, medical care and the concept of visiting the sick. Once characterized by the doctor-patient relationship medicine is now a more complex and generally more effective relationship which results in what we call "improved delivery of service." It is not our intention to draw attention to the casualties attendant to our various journies to modernity. What we would encourage is self-conscious discussion of medicine's journey so that we might properly translate the **successes** of the past and draw them to the present.

Addressing the patient as a person, exemplified by the portion of Maimonidies' oath, was certainly one of the great talents of the past.

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How are we — as doctors, nurses, therapists, hospital personnel — able to express concern to our patients? How might we proceed?

Naturally, the religious tradition did not speak to the role of the medical personnel. The tradition did speak in terms of individuals visiting others. Since we are trying to master the successes of the past, we will draw upon their personal moments when individuals were helpful to their neighbors. The tradition articulates three goals.

The first was expressed in the Talmud as follows, "He who visits an invalid takes away a sixtieth of his pain." The quantifying of the decrement aside, the idea that the visitation itself had a specific beneficial effect was noted. In addition to the physiological remedy, one dimension of the visit can be relieving psychological pain. By way of example, we may want to speak personally to the patient, we may want to use their first name as a way of setting them at ease.

The second goal (and these are not necessarily mutually exclusive but, to be successful they must be consciously separated) is helping a sick person discover their own resources to help them recover. The Talmud relates of a time when one of Rabbi Akiba's disciples became ill. After a visit from his teacher, the disciple recovered and stated, "Master, you have revived me!" What was communicated that elicited the student's remark?

Rabbi Akiba's presence re-established feelings of selfworth. The patient may have come to regard himself as a "sick man." Rabbi Akiba's presence reminds him that he is "a disciple, a student, a friend, a decision maker." His presence may have helped the sick person overcome the feelings of being overwhelmed by his incapacity, helped him to realize that he still had a place in society. The visit by Rabbi Akiba allowed the disciple to build a mental attitude to find the inner strength to help himself recover, to want to recover. He still had the abilities, talents, etc. that he had demonstrated in the outside world. We may want the patient to summon these strengths in the healing process. This goal may lead us to address the patient in a more formal manner. We may allude to their outside successes.

The third goal of visitation might require one to address feelings of abandonment. The Talmud instructs the visitor to pray for the sick. One must understand that such prayer is appropriately offered in the synagogue where it is required that at least ten people be present for

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a quorom. The prayer might certainly be important as a supplication for God's help but, it is additionally an important mechanism for informing the community at large. Those of us who are men of faith did not shrink from telling patients, "I will pray for you." It is equally important to let patients know that their friends are aware of their present circumstances, and are awaiting their return. In the same spirit, when we see a patient whose room has cards and flowers, commenting on how many people remember them might have a salutory effect.

While all of us have at varying times attempted to address alleviating psychological pain, summoning personal strength and overcoming a sense of abandonment, too few of us have consciously discriminated between these goals and determined strategies to satisfy them. Whenever we have contacts with our patients we must become mindful that visiting the sick has benefits in human terms; there is another dimension besides prescribing medication and treatment in our contacts with our patients.

It would be most encouraging to discuss the contributions from other traditions to this dynamic relationship. The interchange would be most enjoyable to give insight and new perspectives. □

FREDERIC BROWNSTEIN, M.D., F.A.C.O.G

The writer wishes to thank Rabbi Herbert N. Schwartz for his patient teaching and guidance so graciously given in the preparation of this article.

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Massachusetts Medical Society Council Meeting October, 1983

The meeting maintained it's traditional "town meeting" format. It was boring in it's preoccupation with trivia, and refreshing in it's tenacious adherance to the democratic approach. The underlying theme of the meeting was the usual conflict between the effort of the officers and executive committee to streamline the conduct of Society business by putting more decision making authority at the top and the resistance of the Council against having it's authority compromised.

The report of the "Endicott Committee," which set out to streamline and moderinize the Society was pretty much reduced to recommending more representation for residents and medical students, and these recommendations were well accepted by the Council. Their one recommendation that more administrative and fiscal responsibility be given to the Executive Committee was referred back to committee.

The annual budget report of the Finance Committee was, as usual, thoroughly dissected. It was generally agreed that the Committee should give the Council more of a narrative description of the reasons for substantive budget changes.

Despite an adverse Finance Committee recommendation, the Council voted overwhelmingly to grant Hampden's request for $5,000 for its fluoridation campaign.

We were informed that the New England Journal has been operating at a considerable profit in recent years and these funds are available to the Society. It was general consensus that there is a need to retain most of these funds in reserve for rainy years but agreed that they should be tapped to allow for supplemental budget items so that dues can remain unchanged.

A subsidy of $25,000 for the Boston Medical Library will be taken from available funds. Our Jim Fitzpatrick is on the Library Committee and is guarding our District's interests. The Society will issue membership cards this year, which will improve access to the Countway. Further help for the Springfield Academy of Medicine is being considered in Committee.

Our Vivian Purdy, having been escorted to the podium by our evergracious Garry Hough, was presented with a plaque recognizing her as the "Queen of Organized Medicine." □

J.J. SIRAGUSA, JR., M.D.
Executive Councilor

IN MEMORIAM

On June 16, 1983, Dr. Frank G. Mills met his untimely death as the plane which he was piloting crashed into the summit of Mt. Faraway in Moultonboro, New Hampshire. Born on August 8, 1924 in Troy, New York, Dr. Mills, after serving in the Pacific with the Navy in World War II, graduated from Harvard University in 1947, and from the Boston University School of Medicine in 1951. He interned at Boston City Hospital and did his residency at Boston City Hospital and Quincy City Hospital. A diplomat of the American Board of Surgery, Dr. Mills moved to Westfield with his family in 1957. A caring and serving individual, Frank not only diligently cared for his patients but served the medical community in every capacity including chief of surgery and chief of staff at the Noble Hospital, served on the executive committee of the Hampden District Medical Society and on the state level of the American College of Surgeons.

Frank's compassion for his patients and his concern for the hospital and community were not only exemplary but were truly outstanding. His ever present smile and twinkling eyes, his willingness to address the difficult situations which we all encounter in our medical lives and his tremendous compassion and empathy for all will be deeply missed not only by his wife, Isabelle, and their four children, but also the Westfield community in general and the medical community in particular. □

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Highlights of Public Health Committee

Present at meeting were Drs. DiGiacomo, Moore, Pacosa, Sheffield, Barnshaw, Mrs. Nystrom and Mrs. Purdy.

C-Med System is in place at working at I.V. level. Small problems are being worked out.

Nuclear War Resolve worked out by the Public Health Committee and the Executive Committee will be presented to the membership at the District Meeting in January.

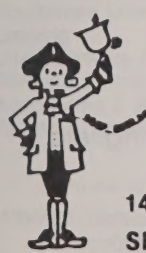
Whereas, the Hampden District Medical Society concludes that there is no effective medical response to a nuclear war and that the prevention of such a holocaust is our number one public issue; therefore be it RESOLVED: That the medical society encourages educational efforts to understand the medical consequences of a nuclear attack and their implications.

The Region One ALS Treatment Protocol was reviewed and accepted as presented.

Mrs. Purdy reported on the press conference held on October 26th. Television coverage was provided by Channel 22. Front page newspaper coverage was provided by *The Daily News*. The Conference successfully presented the message in support of fluoridation. The second program of "The Chemical People" series will be aired November 9th on Channel 57. Dr. O'Neill participated as a panelist on the program.

The committee was asked to consider future projects for the committee.

The meeting was adjourned at 1:00 P.M. □



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SPEAKER:	Jacob Lokich, M.D.
SUBJECT:	Update on Cancer Management
DATE:	December 12, 1983
WHERE:	Providence Hospital
TIME:	7:30 P.M.
CME CREDIT:	2 hours Category 1, Springfield Academy of Medicine

SPEAKER:	Jerome Groopman, M.D.
SUBJECT:	A.I.D.S.
DATE:	Saturday, December 17, 1983
WHERE:	Providence Hospital
TIME:	10:30 A.M.
CME CREDIT:	2 hours Category 1, Springfield Academy of Medicine

SPEAKER:	Gary W. Gibbons, M.D.
SUBJECT:	Surgical Treatment of Vascular Disease
DATE:	January 9, 1984
WHERE:	Providence Hospital
TIME:	7:30 P.M.
CME CREDIT:	2 hours Category 1, Springfield Academy of Medicine

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With ethical restraints largely removed from the area of promotion and marketing in our profession, little attention has been paid to the physician's responsibility in this new environment. This brief essay will attempt to approach the subject.

We appear to be at a stage where a plateau in the resources available for health care has been reached. The number of physicians entering the provider pool is increasing rapidly and will continue to do so for the foreseeable future. Hospitals must maintain high occupancy rates to survive. The organization of health care delivery is evolving rapidly into managed structures in the form of HMO's, PPO's, IPA's and various hospital based units.

In this competitive environment, the promotion of health care has in itself become a small and flourishing industry. The public is approached through radio, TV, and newspaper advertisements and by news releases and media events showing dramatic and often alledgedly exclusive modes of diagnosis and therapy.

The same techniques that sell soap and hamburgers are being applied to health care and frequently to the physician or collectively to institutional services. It is not reasonable to expect those who stage-manage this activity to understand the material with which they deal or to be able to distinguish between legitimate public interest information and deceptive hype. There is unfortunately too much of the latter.

The public would appear to have an insatiable appetite for quackery. To take advantage of ignorance and the universal yearning for good health is inexcusable. It is the responsibility of the physician to insist that he not be associated individually, collectively in a group, or as a member of hospital staff with false or misleading information.

The blame cannot be transferred to the public relations department.

Perhaps the greatest danger is that physicians or institutions may start believing their own public relations releases. □

LORNE C. SMITH, M.D.
Contributing Editor

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On July 25 the Springfield EMS Commission unveiled the new communication operation at an Open House at Police Department Headquarters.

The EMS Commission was established two years ago by Mayor Di Mauro with the responsibility for emergency medical services in Springfield. Its members include physicians and businessmen, who have the same kind of control that police and fire commissions have over those areas. The EMS Commission saw the need for a C-MED communication system in Greater Springfield and set about to fill that need. Through hard work, cooperation and enthusiasm from the City, the hospitals, the business community and the news media, the C-MED system has become a reality.

One businessman in particular was most helpful, Ben Jones of Monarch Life Insurance Company. Mr. Jones headed a fund raising drive which raised over $200,000 for the new system. He worked with representatives of Mercy Hospital, Baystate Medical Center and the

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City. Both hospitals donated $30,000 to set up their own C-MED equipment.

Pre-hospital care has grown in all respects in Springfield. But all of our advances in education would be useless without an ability to communicate. Having identified that need, we see the ultimate responsibililty for this is with the consumer. We must 'cost-share' this improved kind of emergency service. If everyone pays a little, it is a burden to no one.

The transition to this expanded communication system will be facilitated through education programs for emergency physicians, nurses and other emergency department staff to familiarize them with the radio operation and radio protocols. An intensive training program is also underway to upgrade many Emergency Medical Technicians (EMT's) from the basic level to intermediate (EMT-I). Advanced life support treatment protocols are being developed on a region-wide basis. These will give the EMT-I guidelines for treatment in the field in addition to the verbal communication they'll have with the physician at the hospital.

Greater Springfield has now become the focal point of the C-MED system in this area. Abutting towns and hospitals now wish to participate, and this can be done with relative ease. After all, the idea of a C-MED system is to bring good emergency medical services to as many citizens as possible. Springfield's new system will have the capability to do that.

Each region, area, emergency department and individual EMT touches the life of every emergency patient. Health care is an expression of kindness. Kindness is a language heard by the deaf and understood by the dumb. □

ENZO V. DiGIACOMO, M.D.
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If,
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All starched in innocent crisp white.
We came together to heal.

So many sights and sounds,
Sometimes silent.
Tears of sadness for a love lost
Mingling
With the joys of life.
Crying children needing to be soothed.
Wrinkled hands reaching out.

We reach back
We touch your life
We feel your today
Sometimes, we read your tomorrow.

You
Will never see the pain we feel
Never know the emptiness inside.
In quiet corners we cling
Eye to eye,
Words rarely needed, readily spoken in our twilight.

Questions we ask sometimes not daring to answer.
Could we have done better?
Did we go too far?
What if?

We share your emotions.
Feeling your grief we long to change the course.
To take you back before you came.

Then,
The truth crashes down on us
And
We know
We can't always change the face of time. □

KIMBERLY BARBARO, RN CNS
Mercy Hospital

TO: HDMS Officers, Past Presidents and Members
FROM: Vivian M. Purdy, Executive Secretary

It's not impossible to write each and every one of you but it's improbable because my handwriting arm would need the attention of an orthopedic surgeon.

However, I want to thank everyone for the outstanding retirement party bestowed upon me. I was in a "state of shock" and didn't come down from "Cloud Nine" until Saturday. My emotions are very mixed. I have certainly enjoyed almost every minute of my job as Executive Secretary. Many thanks for all of your kindness. □

ALERT: Some members have complained about so called "yellow page listing" from a local salesperson. If you receive a call from a person identifying themselves as "yellow page listing" ask if they are from Lynn, Massachusetts. If they say they are not then don't list unless you want to pay a large fee other than regular listing.

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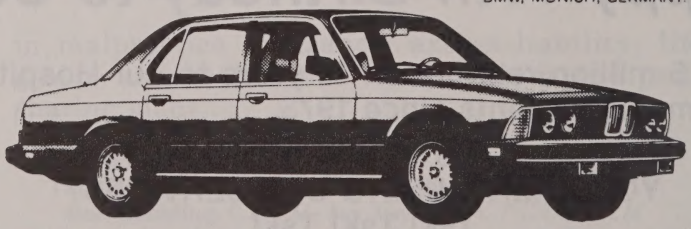

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